TEACHING SPEECH DELIVERY SKILLS TO REDUCE SPEECH ANXIETY

A Thesis

Presented to

The School of Graduate Studies

Drake University

In Partial Fulfillment

of the Requirements for the Degree

Master of Arts

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by

Laura J. Bennett

July 1984

139

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An abstract of a Thesis by
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July 1984
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The problem. Speech anxiety is a common problem among college students. This can hurt the student academically, and could also continue to affect him or her in professional situations once out of school. Therefore, an economical program designed to teach speech skills and reduce their anxiety would be beneficial. Previous studies have focused on reducing speech anxiety without teaching speech skills, or have taught speech skills without recording their occurrence.

Procedure. Instructions and behavioral rehearsal were used to teach speech anxious subjects speech delivery skills. Prior to and following each skill taught, a probe speech was conducted. Both objective measures of anxiety (i.e. Timed Behavioral Checklist, duration of speech, and number of notes) and subjective measures of anxiety (i.e. Personal Report of Confidence as a Speaker) were recorded. In addition, the occurrence of the specific speech skills taught was recorded.

Findings. Subjects increased their level of speech skills, and reported a decrease in anxiety. Only one of the subjects observable indicators of anxiety decreased.

Conclusions. This program increased speech skills and decreased self-reported anxiety. In addition, the program took very little time for the subjects to complete.

Recommendations. This program could be implemented economically at universities in order to provide help to speech anxious students.

TABLE OF CONTENTS

LIST OF FIGURES

LIST OF FIGURES

Figure PAGE

CHAPTER I

INTRODUCTION

Speaking up publicly, for example at PTA meetings or in committee meetings at work, is an essential part of many people's lives, consequently speech anxiety has been the focus of many investigations in the behavioral literature. Speech anxiety may develop through classical conditioning. If the public-speaking environment, including the audience, has been associated with aversive events in the past, then it may elicit behaviors which are incompatible with good speaking behaviors in the present (i.e. shaking, "dry mouth," pounding heart). Techniques which have been developed to reduce speech anxiety include: systematic desensitization, applied relaxation, successive approximations, flooding, implosive practice, and skills training. The subjects in most of these investigations have been college students, although speech anxiety is not specific to that population.

Objective, subjective, and pnysiological measures have all been used to evaluate the degree of speech anxiety and the successfulness of treatment procedures. Objective measures have been taken of behavioral indicators of speech anxiety such as making little eye contact with the audience and stammering. Subjective measures are self-report measures, e.g., asking the subjects to rate their anxiety during the speech on a scale of 1 to 10. Typical

physiological measures have included pulse rate and palmer sweat. Since investigators have not found a high correlation between any of these measures (Kirsch, Wolpin, & Knutson, 1975; Marshall, Presse, & Andrews, 1976), it is possible that these measures are either recording three separate components of speech anxiety or measuring three different things entirely.

One of the earliest and most noted investigations compared the effectiveness of systematic desensitization with traditional "insight" psychotherapeutic techniques (Paul, 1965). Systematic desensitization consists of the construction of an anxiety hierarchy, training in progressive relaxation, and desensitization proper (i.e., working through the hierarchy in imagination while relaxed). Objective, subjective, and physiological measures were obtained in 4 minute pre- and post-treatment speeches on topics selected by the subjects. The Timed Behavioral Checklist provided an objective measure of the occurrence of twenty observable indicators of anxiety every 30 seconds during the subject's speech. Subjective measures were obtained through the Personal Report of Confidence as a Speaker, administered after each speech. Physiological measures, pulse rate and palmar sweat, were obtained 90 seconds and 30 seconds preceding the speech. Final results of this study indicated that on all three classes of measurement, the group treated with systematic

desensitization showed a significantly greater reduction of anxiety under stress conditions than any of the other groups. These results were maintained in six-week and two-year follow-ups.

However, Paul's (1965) findings have been criticized on several points. For example, Marshall et al. (1976) failed to demonstrate that systematic desensitization reduced behavioral indicators of anxiety, although they found a reduction in subjectively measured anxiety. The authors suggested that since Paul's subjects were concurrently enrolled in required speech classes, they may have received training in specific speech skills (e.g. making eye contact) and they certainly, by virtue of being required to give speeches in front of audiences, had the opportunity for any classically conditioned anxiety responses to be extinguished. The reduction on the objective measure of anxiety reported by Paul may have been a result of public speaking classes rather than desensitization.

Additional criticisms were that Paul's subjects were allowed to choose their own speech topics, usually ones that they had already presented in classes, and that they served as members of the audience for other subjects prior to their own speech presentations. It is possible that rehearsal and modeling could account for some of their improvement. Meichenbaum, Gilmore, and Fedoravicius (1971) suggested that speech anxiety can be significantly affected by topic

selection and observing others present speeches.

Applied relaxation consists of instruction and practice in relaxing while presenting brief speeches and was compared with standard relaxation, speech practice, and a waiting-list control group (Osberg, 1981). Standard relaxation consisted of training in the induction of relaxation but did not involve instruction or practice in the application of relaxation skills. Speech practice involved imaginal exposure to the speaking situation followed by practice giving brief speeches without relaxation training.

Behavioral, subjective, and physiological measures were obtained prior to and following treatment. Speech topics were selected by the experimenter; speeches lasted 3 minutes. Results of this study indicated that the applied relaxation group, and the speech practice group, did not differ from each other on any of these measures. Both of these groups were superior to the standard relaxation and control groups. The author concluded that mere exposure to anxiety eliciting stimuli, with the opportunity for the extinction of conditioned emotional responses, was an important element in the reduction of speech anxiety in both groups.

Successive approximations, flooding, and implosive practice were compared by Kirsch et al. in 1975 with speech anxious college students, enrolled in an introductory speech class. In successive approximations, the subjects were

required to work through a hierarchy of five public speaking tasks in front of an audience. These tasks included reading a list of unrelated words, numbers, and sentences; reading a speech written by someone else; reading a speech written by themselves; presenting an original speech using extensive notes; and finally, delivering an original speech from a single note card without the use of a podium. In flooding, the subjects practiced only the highest hierarchy items, delivering an original speech in front of an audience using a single note care, on five occasions. Implosive practice involved having the subject practice the top hierarchy item on the first and fifth trials. During the second, third, and fourth trials, the subject delivered an original speech without the use of notes, delivered a speech to a "hostile" audience, and delivered a speech under the pressure of being videotaped. All of the trials in each condition were 4 minutes long.

Results of this study indicated that improvement in objective measures of behavior was greatest with flooding, followed by successive approximations, and then implosive practice. Improvement on the subjective measure was greatest with successive approximations, followed by implosive practice, and then flooding.

Sherry and Levine (1980) suggested that the intent of flooding is to reduce subjective anxiety not to teach the subject speaking skills. The results obtained by Kirsch et

al. (1975) are contradictory since they found that the flooding group improved more on the behavioral measure and less on the subjective measure than the other groups. However, it is possible that flooding was effective, in respect to the behavioral measures, because the subjects rehearsed the same speech five times, and/or because they, like Paul's subjects, were concurrently enrolled in a speech class.

Fremouw and Zitter (1978) stated that although systematic desensitization and flooding have been successful in decreasing speech anxiety, thereapists using these techniques must assume that once the anxiety is diminished the subjects will possess the required skills to perform competently. They compared the effectiveness of skills training with cognitive restructuring-relaxation in the treatment of speech anxiety.

The skills training group used behavioral rehearsal and videotape feedback to increase voice inflection, voice rate, volume, eye contact, gestures, and speech organization. The cognitive restructuring-relaxation group was taught deep-muscle relaxation and also learned to identify anxiety arousing negative self-statements and replace them with coping statements. Prior to treatment and immediately following the last treatment session, subjects were required to present a 4 minute speech on a topic selected by the experimenter before an unfamiliar audience. The subjects

were rated on the Timed Behavioral Checklist, and completed the Personal Report of Confidence as a Speaker. Both the skills training group and the cognitive restructuring-relaxation group improved significantly. These results were maintained at a two month follow-up. The authors suggested that future research should concentrate on recording appropriate speaking behaviors (i.e. gesturing) as well as the inappropriate speaking behaviors measured by the Timed Behavioral Checklist.

Speech skills training might be an important factor in the reduction of speech anxiety measured objectively because repeated exposure to the public speaking situation results in the extinction of classically conditioned responses and/or because training focused directly on controlling some behaviors thought to be indicators of anxiety. Fawcett and Miller (1975) developed a skills training package including both written instructional and behavioral rehearsal components. Eye contact, gesturing, and pausing momentarily before beginning to speak are some of the behaviors which are targeted in this manual. These behaviors are important to successful public speaking (Carnegie, 1971; Mambert, 1968; Ott, 1970; Sarnoff, 1970). Four subjects not suffering from speech anxiety successfully improved their public speaking abilities after skills training (Fawcett & Miller, 1975).

Marshall, Parker, and Hayes (1982) suggested that the

optimal program for the reduction of speech anxiety would include: prolonged practice in the speaking situation, instructions regarding appropriate and inappropriate behaviors, performance feedback, discussion of this feedback, and encouragement of the subject for progress.

The purpose of this study is to investigate speech skills training on the public speaking effectiveness as well as objectively and subjectively measured anxiety of speech anxious subjects.

This investigation will differ from previous studies. Several potential confounding variables will be eliminated. Subjects will be chosen from undergraduate psychology classes rather than introductory speech classes. This will eliminate concurrent speech training as a confounding variable (Kirsch et al. 1975; Paul, 1965; Paul & Shannon, 1966). The subjects in this experiment will not be allowed to choose their own speech topics or serve as members of the audience. This will eliminate rehearsal or topic familiarity as potential confounding variables.

Several additional dependent variables will be measured: the duration of the subjects' speeches and the number of written notes will not be limited arbitrarily by the experimenter, but will be used as dependent variables. These variables have been controlled in previous research (Fremouw & Zitter, 1978; Paul & Shannon, 1966).

Both behavioral and subjective measures of speech

anxiety will be collected during the investigation through a number of probe speeches. Previous research has relied upon only pre- and post-treatment measures (Kirsch et al. 1975; Paul, 1965; Paul & Shannon, 1966). Finally, in addition to using the Timed Behavioral Checklist and the Personal Report of Confidence as a Speaker which have been used extensively in the speech anxiety literature, appropriate speaking behaviors will be measured throughout the experiment, as suggested by Fremouw and Zitter (1978) and Marshall et al. (1982).

CHAPTER II

METHOD

Subjects

A Speech Anxiety Questionnaire (see Appendix A) was distributed to students enrolled in undergraduate psychology classes at a small, private university. The questionnaire, developed by the experimenter, included questions about formal speeches the respondents had given, and about less formal class participation. Results of this questionnaire, including both subjects and non-subjects responses, are represented as percentages in Appendix A. Students who reported that they would not give speeches or participate in class, and/or reported that they experienced high anxiety levels while doing so, were selected for this study depending on their availability at the times the experiment could be conducted.

Three subjects were selected: Leigh, a 19-year-old psychology major; Sarah, a 21-year-old psychology major; and, Dean, a 30-year-old computer science major. None were concurrently enrolled in speech classes.

Procedure

Speech topic selection. Each subject was given an abstract speech outline (introduction, description/characteristics, uniqueness/comparison, likes/dislikes, and conclusion) and five minutes to generate ideas for each of nine general topics, such as My Family, My

Roommate, and My Dorm. The topic which generated the greatest number of ideas was used for that subject's first probe speech; the topic which generated the next greatest number of ideas for the second probe speech, and so on. This procedure was adopted to make certain that improvement in successive probe speeches could not be attributed to a greater compatibility of subject and topic in the later speeches.

Probe speeches. Each subject gave a probe speech prior to treatment and at the conclusion of each segment of training (either 3 or 4 depending on the subject). Thirty minutes prior to the speech, each subject was seated alone in a preparation room. The subject was given a single sheet of 8 1/2 x 11 paper upon which was written the particular topic for that speech and the general outline format as stated earlier. Subjects were allowed to make as many notes for their speeches as they wished on this paper. Subjects were instructed to speak as long as possible during the speeches, which were given in front of an audience of 10 people. Each speech was videotaped in order to facilitate data collection at a later time.

Observational methods. Five observational measures were taken on the probe speeches. First, the duration of the subject's speech was recorded. Second, a ratio of the number of words on the subject's notes to the duration of that speech was calculated. Third, using a partial interval

recording system, two independent observers used a shortened version of the Timed Behavioral Checklist (Paul, 1965), to record the occurrence of behavioral indicators of anxiety in 30 second intervals (see Appendix B). Fourth, following each probe speech, the subjects completed a modified version of the Personal Report of Confidence as a Speaker (Paul, 1965), as a subjective measure of anxiety (see Appendix C). Fifth, two independent observers scored the occurrence of 3 specific speech skills, eye contact, eye sweep, and initial and closing speaking behaviors using recording systems developed by Fawcett and Miller (1975).

Eye contact was recorded, using a momentary 10 second interval recording system, if the subject's eyes and face were directed toward the audience. In addition, the occurrence or nonoccurrence of eye sweep was recorded at the beginning and end of each subject's speech. This skill consisted of the subject smiling and pausing for 3 seconds, with their eyes and face directed toward the audience. Initial and closing speaking behaviors were composed of 5 steps: appropriate speaking position, initial greeting, topic introduction, final greeting, and request for questions. Each step was scored for occurrence or nonoccurrence during each probe speech.

Reliability. Reliability was taken during each probe speech for all subjects. Reliability on the Timed Behavioral Checklist and the specific speech skills was

calculated by dividing the total number of agreements by the total number of agreements plus disagreements times 100. Reliability on the duration of the speech and the number of words on the subject's notes was calculated by dividing the smaller number by the larger number times 100.

Training procedures. An instructional package, developed by Fawcett and Miller (1975), entitled the Public Speaking Manual was used for treatment. This manual contained both instructional and behavioral rehearsal components for training and specific speech skills. Eye contact, eye sweep, and initial and closing speaking behaviors were trained for all subjects. In addition, Leigh received an extra component of training which involved instruction on outlining a speech.

Each subject first read the written instructions and answered a short-answer quiz for a particular skill. Following the attainment of 100% correct on this quiz, the subject participated in the behavioral rehearsal component. During behavioral rehearsal, each subject practiced the particular skill being taught. The speech content for these sessions was provided by the subject's previous probe speech. Subjects were informed of their progress (i.e. percentage of occurrence of the skill being taught) following these sessions. When the subject attained a pre-selected criterion level for two consecutive practice speeches (80% for eye contact, 100% for eye sweep and for

initial and closing speaking behaviors), the next probe speech was conducted. After this, the subject preceded to the next skill until at least three speech skills had been mastered.

Experimental Design

The design of this experiment was a multiple baseline design across behaviors conducted with two subjects.

CHAPTER III

RESULTS

Due to illness, one subject dropped out of the program. The remaining two subjects, Dean and Leigh, completed the speech skills program. Both of these subjects received individual training on the same skills and in the same order. Eye contact was trained first, followed by eye sweep training, and, finally, training on initial and closing speaking behaviors. In addition, Leigh received training outlining a speech. Both subjects achieved criterion level for each of the speech skills in two consecutive speeches.

Reliability

Overall reliability averaged 94% and 97% for Dean and Leigh, respectively, on the Timed Behavioral Checklist. Overall reliability on the 3 specific speech skills, duration of the speech, and number of words on the outline was 100% for both subjects.

Individual Subjects Data

Leigh. Data from the probe speeches show that Leigh improved her level of speech skills during training. Leigh increased her eye contact from 33% during her first probe speech, to 70% on her fifth probe speech. In addition, she increased her eye sweep from 0 to 2, and her initial and closing speaking behaviors increased from 1 to 5 (see Figure 1).

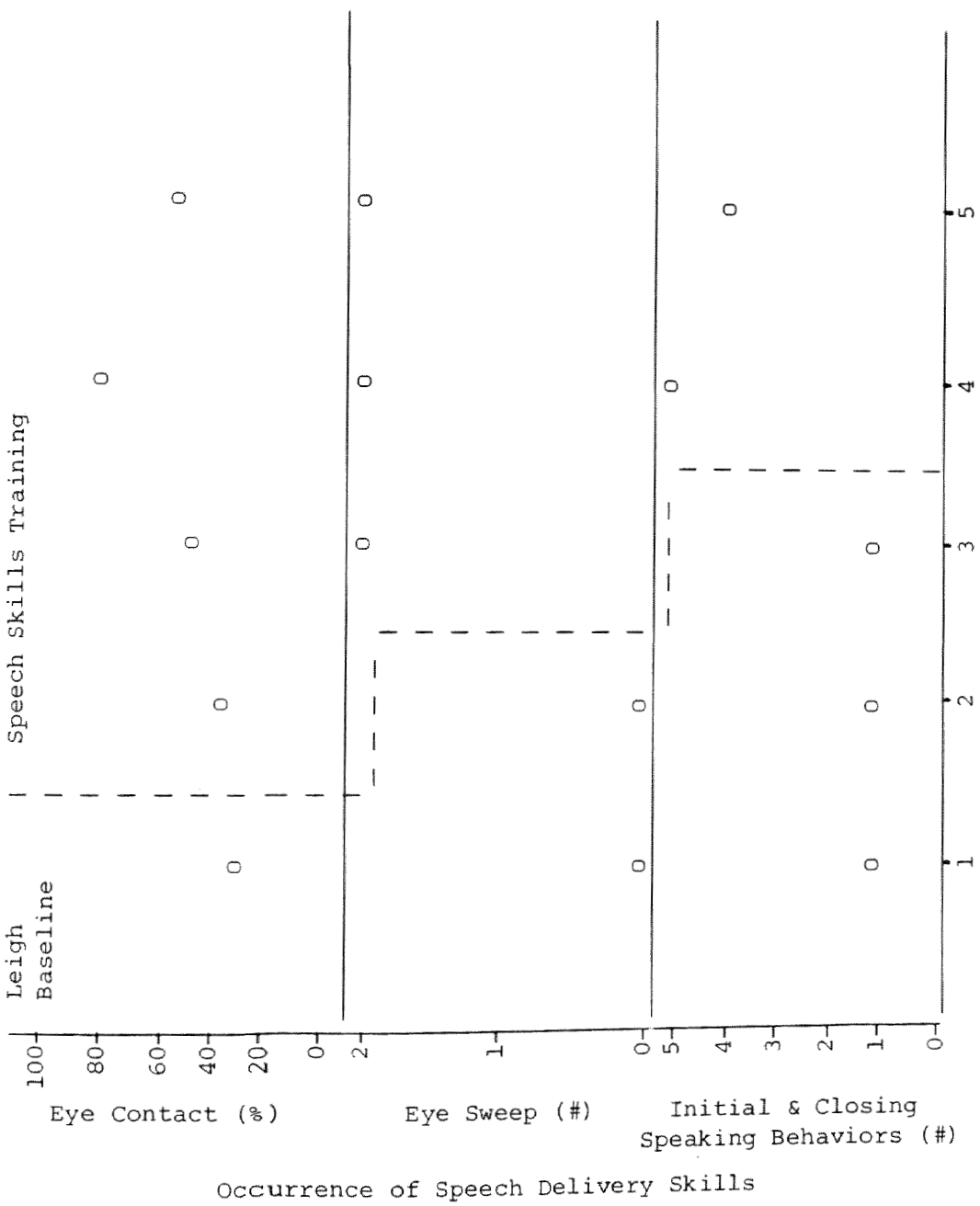

Figure 1. The occurrence of 3 specific speech delivery skills during probe speeches.

In addition, Leigh reported a decrease in anxiety from 100% on her initial speech to 66% on her final speech (Figure 2). Leigh also showed a decrease in all objective indicators of anxiety (Figure 3). Most of these behaviors reached 0% (i.e. paces/sways, arm & hands rigid, and extraneous eye movements). However, both paces/sways and arm and hands rigid increased during the final probe speech.

The ratio of the number of words written on Leigh's outline to the duration of her speech is represented in Figure 4. The duration of her speech is also represented. Leigh's graph shows a steady decrease in the ratio of the number of words written on the outline to the duration of the speech (i.e. indicating fewer words on her outline to an increasing duration of her speech), and shows an increase in the duration of her speeches.

Dean. From the first to the final probe speech, Dean improved his eye contact from 56% to 67%, with a high of 90% on the third probe speech. Also, he increased his eye sweep from 0 to 1, and his initial and closing speaking behaviors increased from 1 to 4 (Figure 5).

Dean's subjective anxiety (Figure 6) fell from 80% on the first probe speech to 26% on his fourth probe speech. Figure 7 shows that Dean's behavioral indicators of anxiety did not decrease during, or following, speech skills training. Most of these behaviors increased during training (i.e. paces/sways, extraneous arm & hand movements, moistens

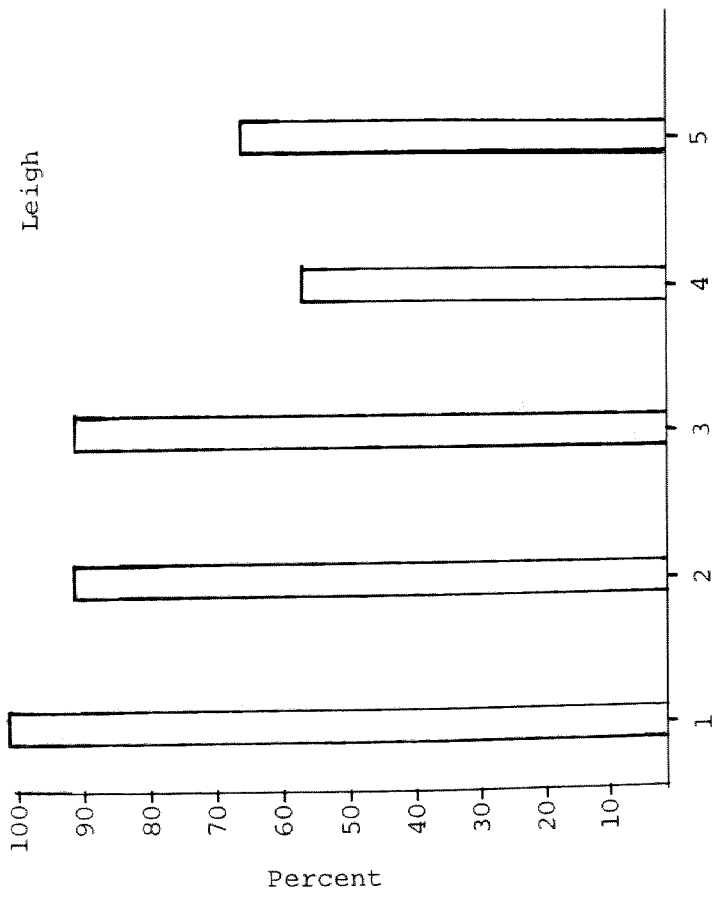

Figure 2. The percent of items endorsed on a modified version of the Personal Report of Confidence as a speaker, during each probe speech.

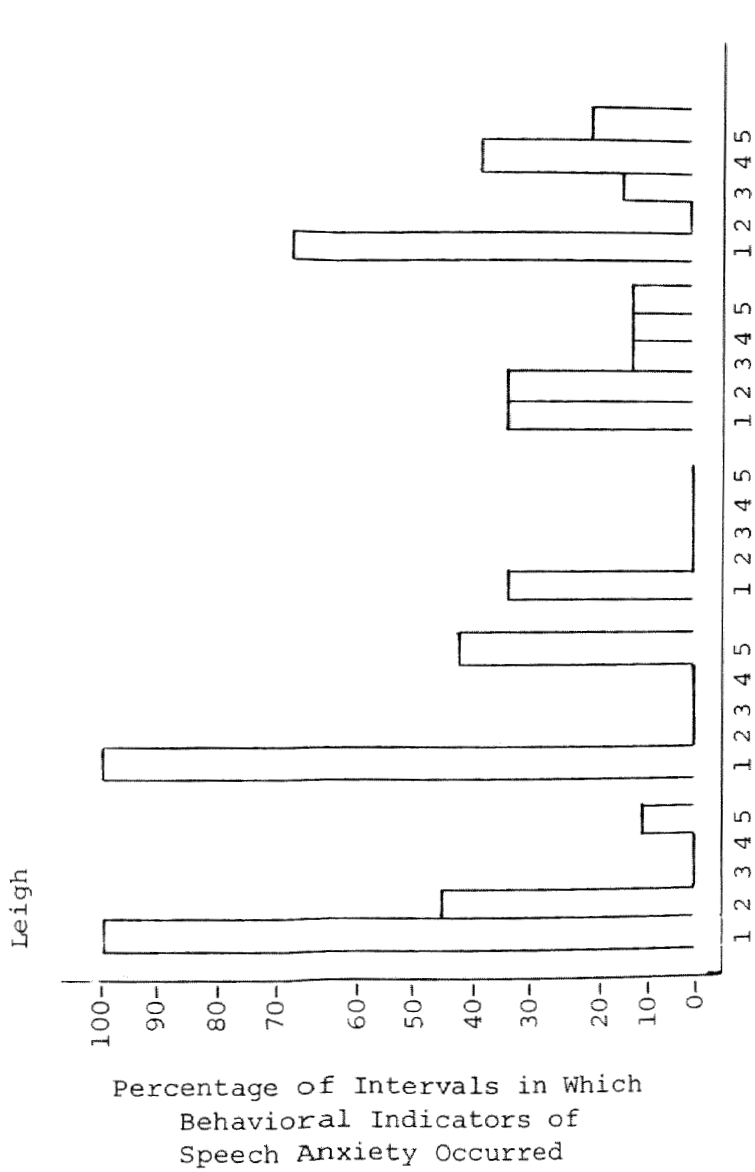

Figure 3. The percentage of intervals in which specific behavioral indicators of anxiety occurred during 5 consecutive probe speeches.

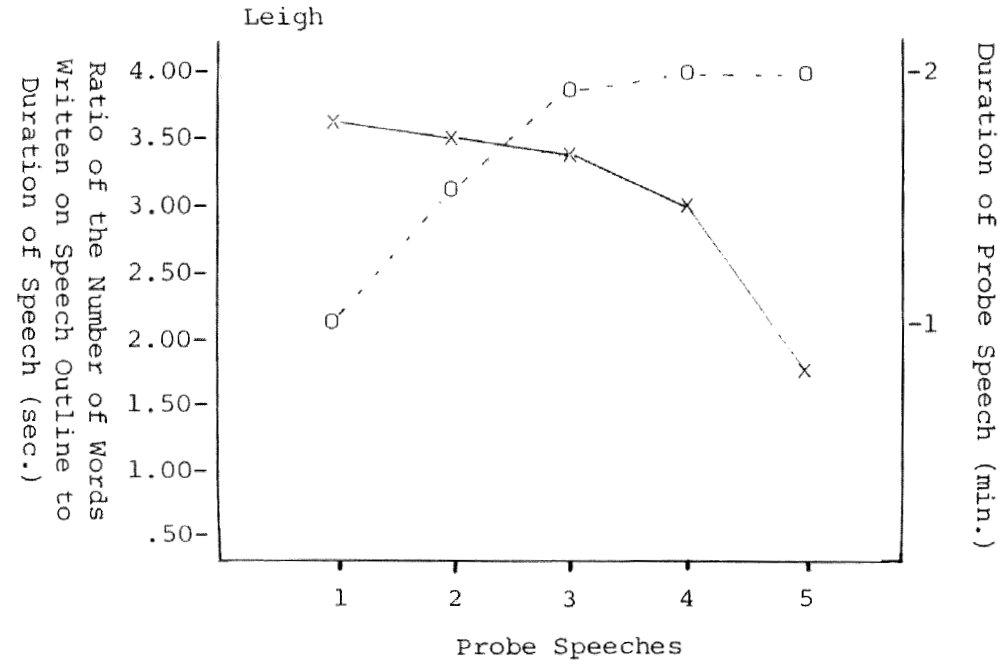

Figure 4. The ratio of the number of words written for notes to the duration of each probe speech (sec.) is recorded on the left ordinate. The right ordinate indicates the duration of each probe speech.

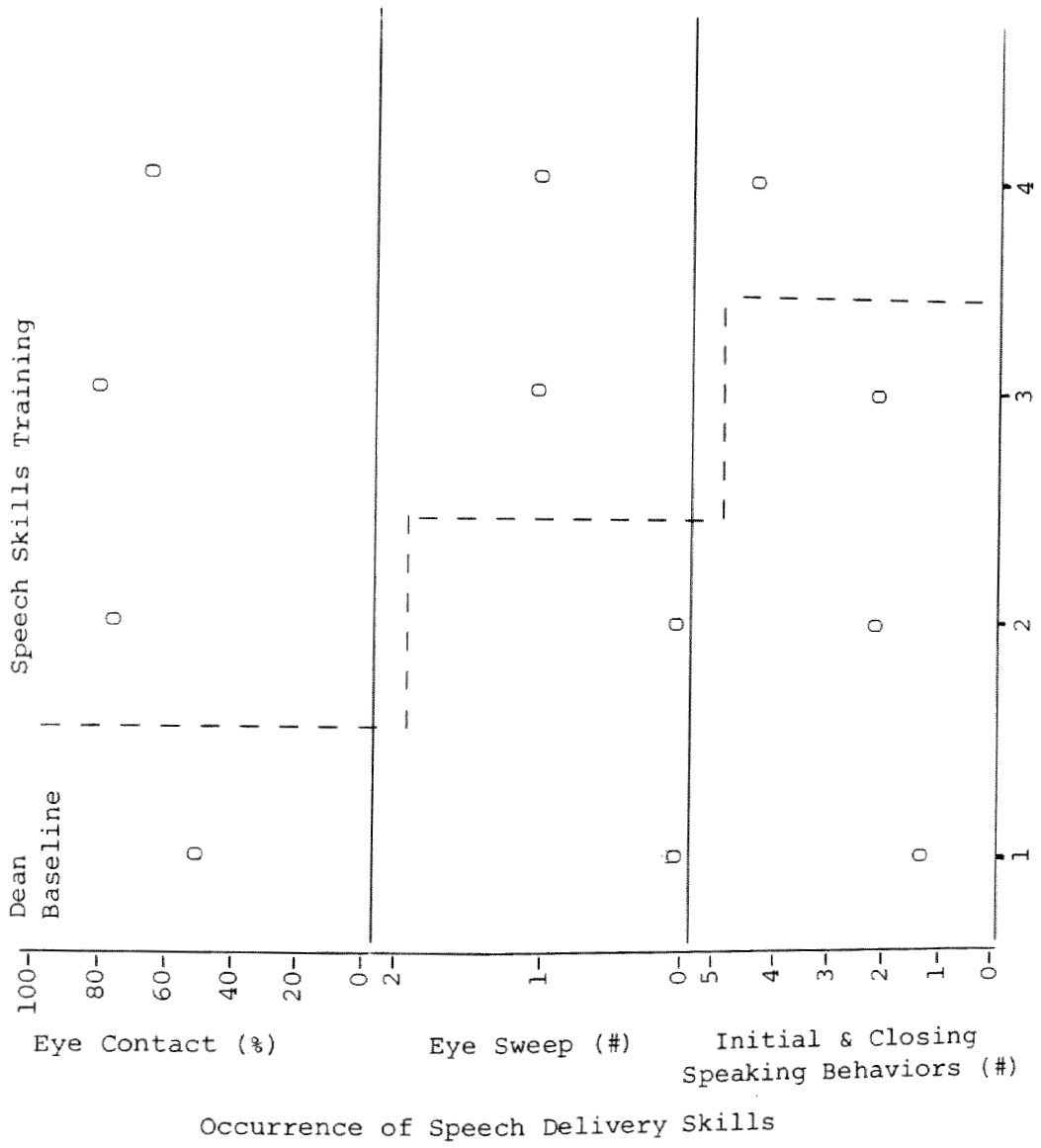

Figure 5. The occurrence of 3 specific speech delivery skills during probe speeches.

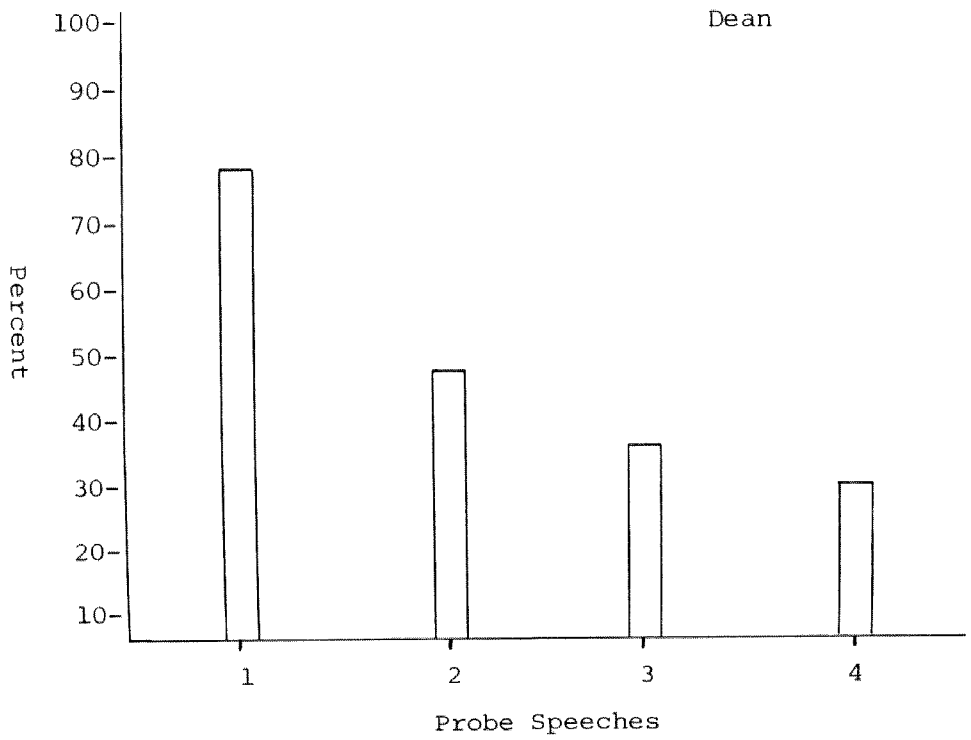

Figure 6. The percent of items endorsed on a modified version of the Personal Report of Confidence as a speaker, during each probe speech.

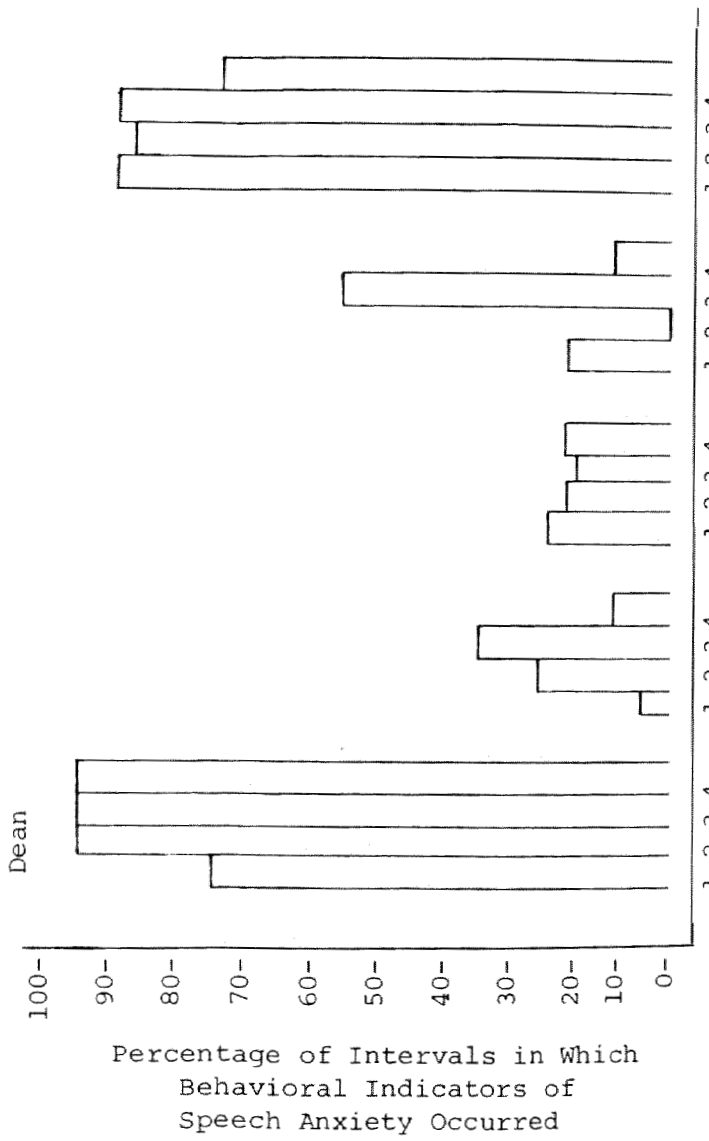

Figure 7. The percentage of intervals in which specific behavioral indicators of speech anxiety occurred during 4 consecutive probe speeches.

lips and stammers).

The ratio of the the number of words written on Dean's outline to the duration of his speech, and the duration of his speeches, is represented in Figure 8. This graph shows a great deal of fluctuation for Dean.

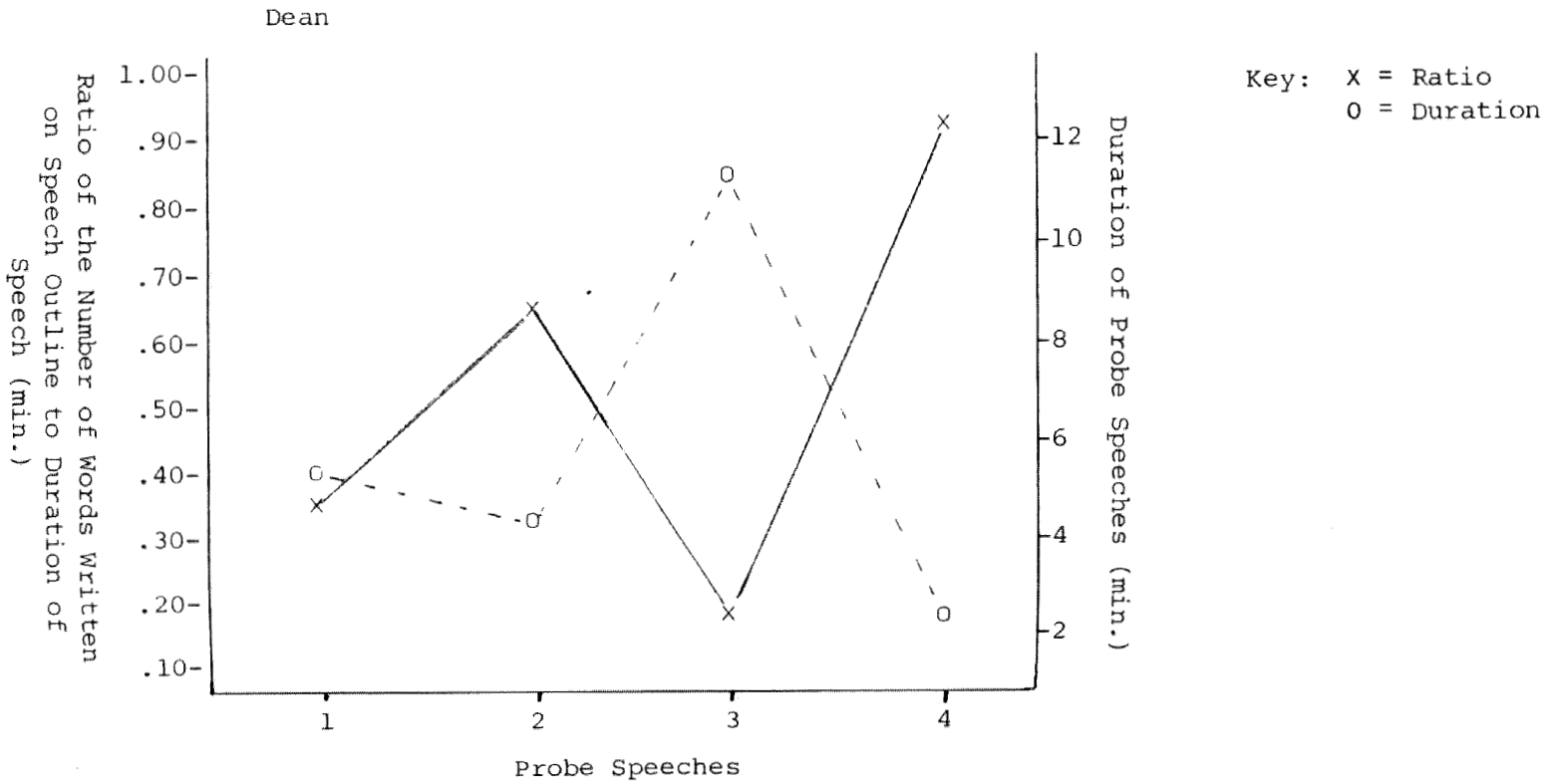

Figure 8. The ratio of the number of words written for notes to the duration of each probe speech (min.) is recorded on the left ordinate. The right ordinate indicates the duration of each probe speech.

CHAPTER IV

DISCUSSION

It has been suggested that improvements on objective measures of anxiety, as found in previous studies, may have been the result of the subjects' concurrent enrollment in speech training classes rather than the treatment techniques themselves (i.e. systematic desensitization, relaxation training). Since the treatment used here was speech skills training, it was anticipated that the subjects' greatest improvement would be on the objective measures.

During the probe speeches, Leigh demonstrated the skills she had learned in previous training sessions. She also showed a decrease in objective indicators of anxiety. Dean also demonstrated the 3 speech skills he had learned in training during the probe speeches. Surprisingly, however, he failed to show a decrease in objective measures of anxiety. The contradictions in the subjects objective measures suggest that future research should concentrate on the precise indicators of anxiety each subject emits, rather than just training general speech delivery skills.

It was hoped that as subjects became more skillful in delivering speeches, they would become less nervous about presenting speeches. In fact, both subjects did report a decrease in subjective anxiety. However, this improvement could have resulted from several factors. It could be that Dean actually felt less anxious despite the continued

occurrence of objective indicators of anxiety. Also, it could have been that Leigh felt less anxious due to a decrease in objective indicators of anxiety. In addition, as with all subjective measures used in the literature, it is possible that the subjects did not want to disappoint the experimenter by responding that they felt anxious. Also, it must be pointed out that since this subjective measure (i.e. the Personal Report of Confidence as a Speaker) and the objective measure (i.e. the Timed Behavioral Checklist) were shortened for this experiment, it is not certain what the effect of this modification had on the reliability and validity of these measures.

Two new dependent variables were investigated in this study: duration of the subject's speech and the ratio of the number of words on the subject's notes to the duration of that speech. It was anticipated that as the subject's anxiety decreased and the level of speech skills increased, the subject would speak for longer periods of time and would record fewer words on their notes (i.e. they would not write their speech verbatim). Therefore, the duration of their speeches would be expected to increase and the ratio would be expected to decrease with a reduction in the subject's speech anxiety.

Leigh did show a steady increase in the duration of her speeches, and a similar decrease on the ratio of words to length of speech. The decrease in the ratio was especially

prominent in the final probe speech since outlining had just been trained. Dean's data, however, fluctuated greatly. This fluctuation in the ratio may have been accounted for, in part, by the range of speech durations. This range may have been a result of external factors. For example, while the third probe speech was 12 minutes long, the fourth probe speech was 2 minutes long. This was probably due to Dean having a final exam immediately after his fourth probe speech.

In summary, both subjects demonstrated an increase in speech delivery skills and reported a decrease in anxiety experienced during the speeches. It is not known if these skills were maintained since a follow-up was not possible. However, since Dean completed the program in 6 hours and Leigh completed it in 8 hours, this program provided help for speech anxious students in a minimal amount of time. Such a program could be adopted by universities in order to provide treatment to speech anxious college students.

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APPENDIX A

Speech Anxiety Questionnaire (Results)

Please answer the following as accurately as possible.

1. I talk in class approximately _____ times a week.

   A. 0-1 (39%) B. 2-4 (41%) C. 5 or more (20%)

2. I feel comfortable talking in class.

   True (54%) False (46%)

3. I have given approximately _____ speeches as an undergraduate and in high school.

   A. 0-3 (28%) B. 4-7 (26%) C. 8 or more (46%)

4. I look forward to an opportunity to give a speech.

   True (25%) False (75%)

5. While preparing a speech, I am in a constant state of anxiety.

   True (43%) False (57%)

6. I feel relaxed and comfortable while speaking before a group.

   True (34%) False (66%)

7. During a speech, I have experienced the following (check as many that apply):

   _____ dry mouth (26%)
   _____ pounding heart (61%)
   _____ stuttering (31%)
   _____ fear of forgetting speech (52%)
   _____ trembling hands (48%)
   _____ talking too fast (59%)
   _____ sweaty palms (41%)

8. Would you be interested in participating in a program to reduce speech anxiety and increase your speaking skills?

   Yes (10%) No (90%)

If yes, please complete the following information:

Name:

Address:

Phone:

Year:

You will be contacted by March 23, 1984.

Note: Numbers in parentheses represent Respondents' percentages.

APPENDIX B

Subject:

Speech:

Rater:

TBC

Intervals (10-sec.)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
Paces, Sways, Shuffles																				
Ext. Arm & Hand (Scratches, swings, toys)																				
Arms & Hands Rigid																				
Hand Tremors																				
No Eye Contact																				
Ext. Eye Movements																				
Frowns, Grimaces																				
Moistens lips																				
Swallows																				
Clears Throat																				
Voice Quivers, Stammers																				

APPENDIX C

PRCS

T F I always avoid speaking in public (i.e. class) if possible.

T F While preparing this speech, I was in a constant state of anxiety.

T F I was not nervous at the thought of presenting this speech before a group of people.

T F I perspired and trembled just before getting up to speak.

T F Although I was nervous just before getting up to speak, I soon forgot my fears and enjoyed the experience.

T F My hands trembled when I held my notes during the speech.

T F I was in constant fear of forgetting my speech.

T F The audience seemed friendly.

T F I relied heavily upon my notes during the presentation.

T F During the speech, I did not feel comfortable using my body and/or voice expressively.

T F I felt that I was in complete possession of myself during the speech (i.e. my thoughts were not confused or jumbled).

T F Although I can talk fluently with friends, I was at a loss for words during the presentation.

T F I liked to observe the reactions of the audience to my speech.

T F My posture felt strained and unnatural.

T F I felt that I had a pleasant experience at the conclusion of this speech.

Name:

Date: